

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED

PRINTED: 07/28/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ OFFICE OF INSPECTION GENERAL DIVISION OF HEALTH CARE FACILITIES AND SERVICES	(X3) DATE SURVEY COMPLETED 07/15/2010
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NAME OF PROVIDER OR SUPPLIER CHRISTOPHER EAST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 BROWNS LANE LOUISVILLE, KY 40220
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A standard survey was conducted on 07/13/10 and concluded on 07/15/10. Deficiencies were cited with the highest scope and severity of an "E". A Life Safety Code survey was initiated and concluded on 07/15/10. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was an "F".	F 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.	
F 156 SS=E	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.	F 156	To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F156 It is the practice of this facility to inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State plan developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information and any amendments to it, must be acknowledged in writing.	8/27/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8/17/10</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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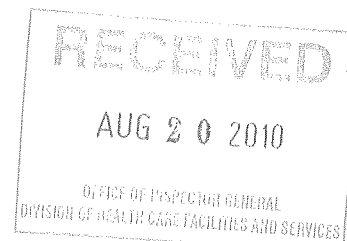
CHRISTOPHER EAST HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

4200 BROWNS LANE

LOUISVILLE, KY 40220

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F 156	Continued From page 1 The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.	F 156	It is the practice of this facility to inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged' those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services' and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility will continue to inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. It is the practice of this facility to furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph © of this section;	



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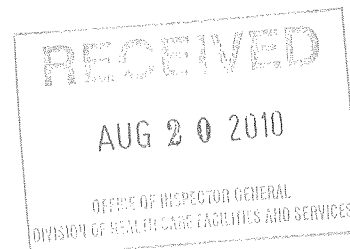
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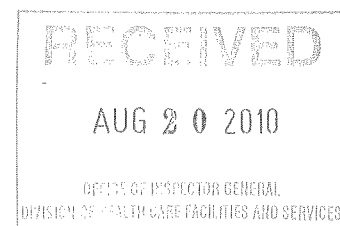
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F 156	<p>Continued From page 2</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to document, in the clinical record, for seven (7) of twenty-five (25) sampled resident records, (Resident #5, #6, #12, #15, #18, #23, and #24) their Advance Directives status. The facility failed to inform residents of their right to formulate an Advanced Directive and to accept or refuse treatment and to document the residents' wishes in the clinical record on admission.</p>	F 156	<p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924© which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>The facility continues to post names, addresses and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility continues to comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance</p>	



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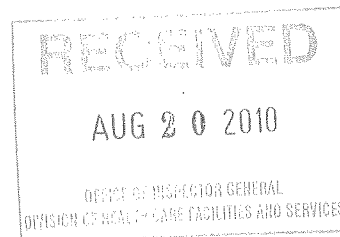
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F 156	<p>Continued From page 3</p> <p>The findings include:</p> <p>Review revealed the facility did not have a policy for informing residents of their right to formulate an Advance Directive and to accept or refuse treatment and to document the resident's wishes in the clinical record on admission.</p> <p>1. Review of the clinical record for Resident #5 revealed the resident was admitted to the facility on 06/25/10. The facility completed an admission Minimum Data Set (MDS) assessment on 07/02/10 which revealed the resident had difficulty making daily care decisions only in new situations. There was no evidence in the clinical record of whether or not the resident had executed an Advanced Directive and been informed of the right to accept or refuse medical treatment on admission.</p> <p>Interview with Resident #5 on 07/15/10 at 8:00am revealed the resident had executed an Advanced Directive; however, the resident was not aware of the right to accept or refuse medical treatment.</p> <p>2. Review of the clinical record for Resident #6 revealed the resident was admitted to the facility on 06/28/10. The facility completed an admission MDS assessment on 07/05/10 which revealed the resident was able to make daily care decisions. There was no evidence in the clinical record to indicate whether or not the resident had executed an Advanced Directive or been informed of the right to accept or refuse medical treatment on admission.</p> <p>Interview with Resident #6 on 07/15/10 at 8:10am revealed the resident was unsure regarding having Advanced Directives and was not aware of</p>	F 156	<p>directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility will continue to inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>It is the practice of this facility to prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for an use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>		



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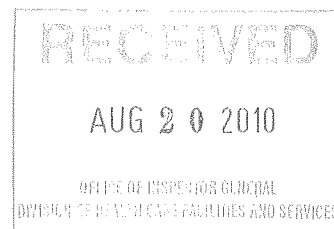
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F 156	<p>Continued From page 4</p> <p>the right to accept or refuse medical treatment.</p> <p>3. Review of the clinical record for Resident #12 revealed the resident was admitted to the facility on 04/22/10 with diagnoses to include status post Left Pelvic Fracture, B12 Deficiency, and Hypothyroidism. There was no evidence in the clinical record to indicate whether or not the resident had executed an Advance Directive or been informed of the right to accept or refuse medical treatment on admission.</p> <p>Interview with the Admissions Director on 07/15/10 at 3:40pm, revealed she did not document whether or not residents were informed of the right to accept or refuse medical treatment or if residents had executed Advanced Directives on admission to the facility.</p> <p>Interview with the Social Services Director on 07/15/10 at 3:50pm, revealed she did document Advanced Directives when she completed the Social Services Assessment; however, she stated she had fourteen (14) days from admission to complete this assessment.</p> <p>4. Review of the clinical record for Resident #15 revealed the resident was admitted to the facility on 07/16/09 with diagnoses to include Sepsis, Dementia and Respiratory Failure. There was no evidence in the clinical record to indicate whether or not the resident had executed an Advance Directive or been informed of the right to accept or refuse medical treatment on admission.</p> <p>5. Review of the clinical record for Resident #18 revealed the resident was admitted to the facility on 01/29/10 with diagnoses to include Cerebrovascular Accident (Stroke), Peripheral</p>			F 156	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice – Residents #5, 12, and 24 have been discharged from the facility to home; Resident #23 expired at the facility on 5/15/10; Resident #18 admitted to the facility on 6/29/10 and had an assessment for advance directives completed on 6/30/10; Resident #6 admitted on 6/28/10 and the advance directive inquiry was made on 7/7/10. Resident # 15 was admitted to the facility on 7/16/09 and documented as a Full Code. On 8/26/09, the designated representative enacted a DNR on behalf of the resident, which remains in place as of this writing. It is the practice of this facility to inform patients or their specified representative of the facility limited treatment and DNR policies at the time of signing of the admission agreement. An explanation of patient rights to refuse medical treatment was reviewed with each patient and/or designated representative involved.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice – All residents have the potential to be effected by this deficient practice.</p>		



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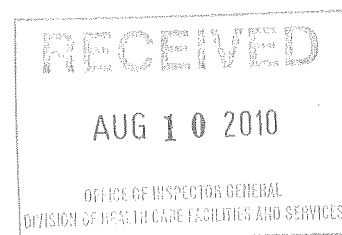
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F 156	Continued From page 5 Vascular Disease, and Acute Respiratory Failure. There was no evidence in the clinical record to indicate whether or not the resident had executed an Advance directive or been informed of the right to accept or refuse medical treatment on admission. 6. Review of the clinical record for Resident #23 revealed the resident was admitted to the facility on 02/16/10 and expired on 05/15/10. There was no evidence in the clinical record to indicate whether or not the resident had executed an Advanced Directive or informed of the right to accept or refuse medical treatment on admission. 7. Review of the clinical record for Resident #24 revealed the resident was admitted to the facility on 05/10/10 and discharged to an acute care facility on 06/05/10. There was no evidence in the clinical record to indicate whether or not the resident had executed an Advanced Directive or informed of the right to accept or refuse medical treatment on admission.	F 156	What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur – The facility will incorporate the limited treatment and DNR policies with the initial nursing assessment process. Upon admission, the admitting nurse will review with the patient the facility policies on Limited Treatment and DNR. Once reviewed, the patient or his/her designated representative will attest to the wishes of the patient and sign that they have received a copy of the policy, understand their rights and have designated their wishes. The signed acknowledgement will then be placed in the resident medical record under the DNR tab.		
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section	F 203	How does the facility plan to monitor its performance to ensure that solutions are sustained – The facility Medical Records Designee will monitor compliance to this process and will report any deviations to the process on a weekly basis to the Director of Nursing. The Director of Nursing will report any negative findings to the facility QAA Committee for further direction, if needed.		



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F 203	<p>Continued From page 6</p> <p>must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 203	<p>F203</p> <p>It continues to be the practice of the facility, prior to transfer, to notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reason's in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice is made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p>		



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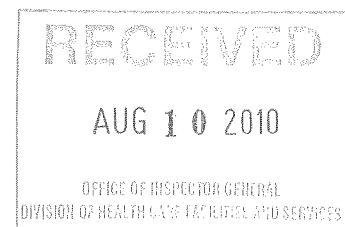
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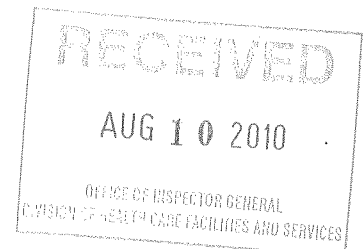
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F 203	<p>Continued From page 7</p> <p>Based on interview and record review it was determined the facility provided a letter of discharge to one (1) of twenty-five (25) sampled residents, (Resident #25), which did not meet regulatory guidelines. In addition the facility failed to provide a notice of transfer to two (2) of twenty-five (25) sampled residents, (Resident #23 and Resident #24), when they were transferred to an acute care facility.</p> <p>The findings include:</p> <p>Record review for Resident #25 revealed a letter of discharge from the facility with the reason for discharge as the facility could not meet the resident's needs. Resident #25 did not meet criteria to be a resident on a specific unit of the facility (the brain-injury unit) but did meet the criteria for a skilled bed in the facility. Therefore, the facility could meet the resident's needs on another unit of the facility.</p> <p>Interview with the resident's father on 07/15/10 at 3:25pm revealed he is the responsible party for Resident #25 and he received the discharge letter from the facility as a whole. He stated he inquired with the admissions office about another bed in the facility (outside of the brain-injury unit) and was told there was a two-year waiting period for a long-term care bed.</p> <p>Telephone interview with Resident #25's father on 07/15/10 at 5:00pm revealed the facility had not offered Resident #25 a long-term care bed outside of the brain-injury unit since the discharge letter was sent.</p> <p>Interview with the Administrator on 07/15/10 at 5:15pm revealed the facility had offered Resident</p>	F 203	<p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice – The facility withdrew notice of discharge for this patient on 7/6/10. Patient has since voluntarily discharged to another facility on 7/30/10.</p>	



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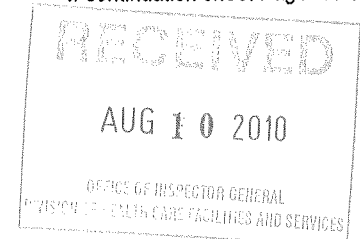
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F 203	<p>Continued From page 8</p> <p>#25 another bed in the facility after the discharge letter was sent to Resident #25's father, but the Administrator did not have that evidence in writing.</p> <p>Review of the clinical record for Resident #23 revealed the resident was admitted to the facility on 02/16/10 with diagnoses of Depression, Failure To Thrive, Diabetes, and Stage IV Pressure Ulcers on the Heel. Review of the hospital discharge summaries revealed the resident was transferred to a hospital for treatment of Pneumonia on 03/10/10 and returned to the facility on 03/18/10. On 04/04/10, the resident was sent to a hospital for treatment of fainting/syncope and a low potassium level. The resident returned to the facility on 04/09/10. The resident was transferred to a hospital on 04/15/10 for treatment of an infection. The resident returned to the facility on 04/16/10. On 04/29/10 the resident was transferred to a hospital for treatment of a decreased intake of fluids and anemia. The resident was returned to the facility on 04/30/10.</p> <p>Review of the clinical record revealed no evidence the facility provided Resident #23 and the family with a notice of transfer documenting the reason for the transfer/discharge, the effective date of the transfer/discharge, the location to which the resident was transferred/discharged, and a statement that the resident had the right to appeal and how to appeal.</p> <p>Review of the clinical record for Resident #24 revealed the resident was admitted to the facility on 05/28/10 with diagnoses of Cerebral Vascular Accident, Stage IV Pressure Ulcers of the Sacrum, Diabetes, and Seizures. The resident</p>	F 203	<p>How will you identify other residents having the potential to be affected by the same deficient practice? – All residents have the potential to be effected by this deficient practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur – Any future letters of discharge will contain detailed specifics as to the reason of intended involuntary discharge for the individual resident. In addition, all future letters will contain all required information in accordance with regulatory guidelines.</p> <p>How does the facility plan to monitor its performance to ensure that solutions are sustained – All future letters of discharge will be reviewed by the Administrator or Assistant Administrator ensure all required regulatory guidelines have been met prior to delivery to the patient or his/her identified representative. All letters sent will be reviewed quarterly by the facility QAA Committee .</p>		8/27/10



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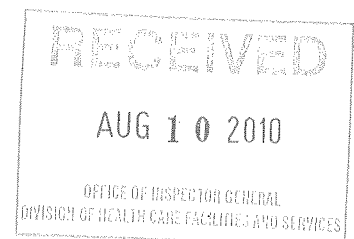
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F 203	Continued From page 9 was discharged to a hospital on 06/05/10. There was no evidence to indicate the facility provided the resident and family with a notice of transfer/discharge. Interview with the Social Services Director and the Admissions Director on 07/15/10 at 3:50pm revealed the facility did not provide residents and families with a notice of transfer/discharge. She stated transfer and discharge were reviewed during admission and the facility had not provided this notice to residents and families in the past.				
F 205 SS=E	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was	F 205	It continues to be the practice of the facility to ensure that before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described inn paragraph (b)(1) of this section. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? – Each resident identified has returned to the facility after a hospital stay	8/27/10	



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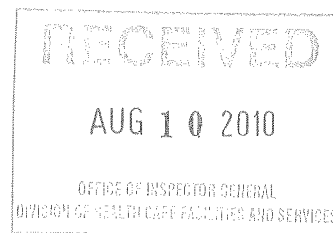
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F 205	<p>Continued From page 10</p> <p>determined the facility failed to provide a copy of the facility's bed-hold policy to four (4) of twenty-five (25) sampled residents at the time of transfer to an acute care hospital. Residents #7, #21, #23, and #24 were not given a copy of the facility's bed hold policy at the time of transfer to an acute care facility.</p> <p>The findings include:</p> <p>A review of the facility bed hold policy, undated, stated that if a resident is away from the facility for more than twenty-four (24) hours, the patient or the legal representative must make arrangements to pay for a bed-hold prior to the patient's departure. A bed reservation form must be signed. The policy does not address providing residents and families with a copy of the bed-hold policy at the time of transfer to an acute care hospital or beginning a therapeutic leave.</p> <p>Review of the clinical record for Resident # 7 revealed an admission date of 05/18/10 with diagnoses to include Abscess Left Leg, Acute Renal Failure, and Small Cell Cancer of the Left Thigh. Further review of the record for Resident #7 did not reveal any evidence that a bed reservation form was signed or that a copy of the bed-hold policy was given to the resident or the resident's responsible party when the resident was transferred to an acute care facility.</p> <p>Review of the clinical record for Resident #21 revealed an admission date of 07/23/09 with diagnoses to include Obesity, Diabetes, Hypertension, and Asthma. Further review of the record for Resident #21 did not reveal any evidence that a bed reservation form was signed or that a copy of the bed-hold policy was given to</p>	F 205	<p>How will you identify other residents having the potential to be affected by the same deficient practice - All residents have the potential to be effected by this deficient practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur – As per our practice; each resident is informed of the facility bed hold policy upon admission. The facility has now instituted a written copy of the policy which will be given to any resident transferring out of the facility or those going on a therapeutic leave of absence. This form will be presented to the patient upon exiting the facility by the nurse arranging the leave or transfer. The nurse will sign and date a copy of the form that is given and that copy will become part of the medical record.</p>		



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F 205	<p>Continued From page 11</p> <p>the resident or the resident's responsible party when the resident was transferred to an acute care facility.</p> <p>Review of the clinical record for Resident #23 revealed the resident was admitted to the facility on 02/16/10 with diagnoses of Depression, Failure To Thrive, Diabetes, and Stage IV Pressure Ulcers on the Heel. Review of the hospital discharge summaries revealed the resident was transferred to an acute care hospital for treatment of Pneumonia on 03/10/10 and returned to the facility on 03/18/10. On 04/04/10, the resident was sent to an acute care hospital for treatment of syncope and severe hypokalemia. The resident returned to the facility on 04/09/10. The resident was transferred to an acute care hospital on 04/15/10 for treatment of an unknown infection. The resident returned to the facility on 04/16/10. On 04/29/10 the resident was sent to an acute care hospital for treatment of a decreased intake of fluids and anemia. The resident was returned to the facility on 04/30/10.</p> <p>Review of the clinical record revealed no evidence the facility provided Resident #23 and the family with copies of the facility bedhold policy at the time of the transfers to a hospital for acute care needs.</p> <p>Review of the clinical record for Resident #24 revealed the resident was admitted to the facility on 05/28/10 with diagnoses of Cerebral Vascular Accident, Stage IV Pressure Ulcers of the Sacrum, Diabetes, and Seizures. The resident was discharged to an acute care hospital on 06/05/10. There was no evidence to indicate the facility provided the resident and family with a copy of the facility's bedhold policy at the time of</p>	F 205	<p>How does the facility plan to monitor its performance to ensure that solutions are sustained?- The Director of Nursing or her designee will review any transfers out to acute care or therapeutic leaves every business day to ensure that the proper process has been followed for patient notification of the bed hold policy. Those noted to be out of compliance will be addressed immediately by phone and written notification will be sent to the patient or his/her identified representative by mail. Deviations to this process will be noted during nursing clinical rounds and all findings will be reported to the facility QAA Committee on a monthly basis.</p>		8/27/10



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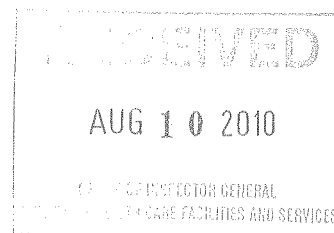
NAME OF PROVIDER OR SUPPLIER

CHRISTOPHER EAST HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

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F 205	Continued From page 12 transfer.	F 205	F241	
F 241 SS=D	<p>Interview with the Social Services Director and the Admissions Director on 07/15/10 at 3:50pm revealed the facility did not provide residents and families with a copy of the facility's bedhold policy when transferred to an acute care facility. They stated residents were informed of the bedhold policy on admission.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to bathe residents on one unit (the brain-injury unit) of the facility as was usual and customary throughout the facility to enhance each resident's dignity. Eight (8) unsampled residents on the brain-injury unit were assigned to have night shift showers between the hours of 6:00pm and 6:00am with the potential for all of them to be completed after 11:00pm.</p> <p>The findings include: Record review revealed a bathing schedule posted on the brain-injury unit for the staff which documented six (6) residents' names that were to be bathed on the night shift. Review of a memorandum dated 07/05/10 signed by the unit manager revealed two (2) more residents from this unit were to be assigned to night shift</p>	<p>F 241</p> <p>It continues to be the practice of this facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? – A review of the 8 residents who are listed to receive showers on the evening shift was performed and the schedule revised to ensure the showers are completed by 10 p.m. as is the facility protocol</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice? – All</p>	<i>8/27/10</i>	



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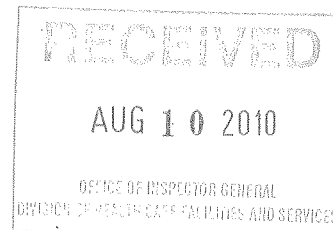
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F 241	Continued From page 13 showers. This memorandum also revealed these showers should not be completed during medication pass times which were to occur primarily before 12:00midnight. However, there was a follow-up memorandum on 07/12/10 by the Unit Director which revealed a request for the staff to attempt to have the night shift showers completed by 11:00pm. Review of the bathing schedules for the other facility units revealed no residents assigned to night shift showers. Interview with the brain-injury Unit Director on 07/15/10 at 10:45am revealed she was aware of the residents being assigned night shift showers by the unit manager and she stated she had written the follow-up memorandum of 07/12/10 regarding having these showers completed by 11:00pm. The Unit Director also revealed the reason eight (8) residents of this unit were assigned to night shift showers was due to their medical diagnoses of brain-injury. She stated when they were newly admitted with the injury, they were unaware of night or day, and it made it acceptable to bathe them on the night shift after 11:00pm regardless of their personal routine pre-injury. Interview with LPN #5 on 07/15/10 at 2:10pm revealed the earliest therapy for the brain-injury unit residents would be social dining which would start at 7:30am and so she felt it would be okay for some of these residents to have a shower after 11:00pm. Interview with the DON on 07/15/10 at 11:00am revealed residents on the other facility units are not bathed on night shift in order to preserve their dignity and to respect his or her own individuality.	F 241	residents have the potential to be affected by this deficient practice. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? – All staff members on Pathways and the Life Skills (brain injury) unit will receive an in-service regarding the revised evening shower schedule and that the showers will be completed by 10:00 p.m. How does the facility plan to monitor its performance to ensure that solutions are sustained? – A monthly report will be forwarded to the Quality Assurance Committee for review to ensure compliance with the procedure.	
F 248	483.15(f)(1) ACTIVITIES MEET			

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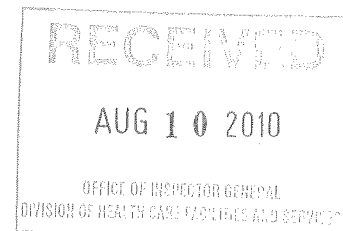
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F 248 SS=D	<p>Continued From page 14</p> <p>INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to provide a program of activities for one (1) of twenty-five (25) sampled residents in accordance with the Comprehensive Assessment. The facility failed to provide a program of activities for Resident #17 in accordance with the Comprehensive Assessment to meet the interests and physical, mental, and psychosocial well-being of the resident.</p> <p>The findings include:</p> <p>Review of the facility's Activity Program Policy dated, 01/07/05, stated that the Activity Program is a "multi-faceted activity program which creates a therapeutic environment that promotes cognitive, physical, social, and sensory stimulation."</p> <p>Resident #17 was observed in his/her room at 3:45pm on 07/14/10 dressed in a hospital gown and sitting in a wheelchair with his/her eyes closed. The only visible personal items at the bedside included two small stuffed animals and a sock monkey. The room was darkened and silent. Resident #17 was observed in his/her room at 9:25am on 07/15/10 while sitting in a</p>	F 248	<p>F248</p> <p>The facility will continue to provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? – A re-assessment was completed for Resident #17. Based on the patient's expressed interests, she has been provided with a radio/CD player and personal player with CD's in room for times when resident chooses to relax in room. The staff will invite and assist the resident to out of room group activities weekly. The Ky. Office for the Blind has been contacted and will be assessing for different services, including talking books.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice? - All residents have the potential to be effected by this deficient practice.</p>	8/27/10

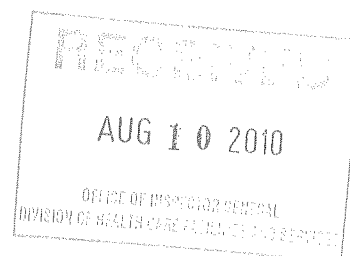


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F 248	<p>Continued From page 15</p> <p>wheelchair at bedside; hands folded in lap, eyes closed, and head nodding downward to chest. Resident #17 was observed in his/her room at 11:30am on 07/15/10 with eyes closed, hands folded in lap, and head nodding down to chest. The room was darkened, and the roommate's television was playing low. At 1:40pm on 07/15/10 the resident was found sitting in a wheelchair at bedside with a gait belt on his/her waist, eyes closed, hands folded in lap, and head nodding downward to chest.</p> <p>Review of the Initial Activity/Recreation Evaluation found that Resident #17 found strength in faith as an active and practicing Catholic. The resident indicated enjoyment in participating in activities on a regular basis and the resident considers his/her self to be a 'social person.' When the resident was asked if he/she prefers being alone, the resident replied, "No." The resident said activities would be enjoyed in his/her own room as well as activities in the day/activities room. Resident's Activity/Recreation interests included: animals, (talking) books, church, music, radio, and other special events.</p> <p>Resident #17 was interviewed at 11:30am on 7/15/10 regarding participation and preference of activities. The resident replied, "not very often," when asked if he/she enjoyed television or if he/she listened to their roommate's television. When the resident was asked how the time of day is passed, and what activities are enjoyed, the resident said, "I usually sleep during the day." The resident indicated an enjoyment of music, both Classical and Religious and would like to have a radio. The resident requested Braille reading material "several weeks ago" and spoke with the Activities Director, but has not been told</p>	F 248	<p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? – In accordance with the Comprehensive Activity Admission Assessment, the staff will continue to interview new residents and establish individual and personal activity interests and goals. Further, the staff will encourage, invite and assist residents to participate in out of room group activities of interests offered on a daily basis. In the event a resident is unable to participate in out of room group activities, the staff will visit in room 1-1 and offer in room activities of interest.</p> <p>How does the facility plan to monitor its performance to ensure that solutions are sustained? – Monthly patient interviews will be completed by an Ad Hoc Committee to be determined by the facility QAA Committee who will monitor the results for compliance and who will make necessary recommendations for improvement.</p>		

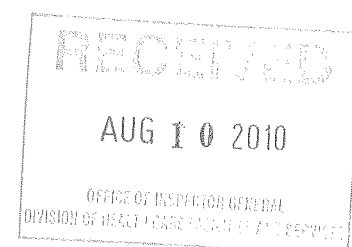
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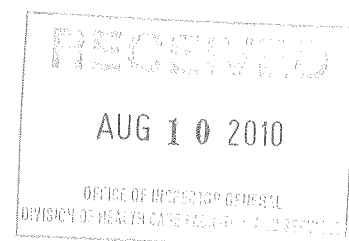
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F 248	<p>Continued From page 16</p> <p>of any progress. The resident was asked how he/she was notified regarding the Activity Schedule. The resident said, "I don't know...I think there is a schedule in my room, but I can't read it." The resident was asked if he/she was aware that live piano music was provided on 07/14/10 near the Florida room after lunch and the music was described as some Religious with Big Band and Show tunes. The resident replied, "No, but I probably would have liked that." The resident was asked to describe the One-on-One visit he/she received earlier today on 07/15/10 from the Assistant Activities Director. The resident replied, "Yeah, he was here, but he never stays long...and he was speaking to (my roommate) mostly."</p> <p>An interview with the Activities Assistant at 1:50pm on 07/15/10 revealed a One-on-One visit earlier with Resident #17. He stated he does a lot of One-on-One visits with Resident #17 and the resident prefers to stay in his/her room. He said he thought the resident would enjoy music, but he/she prefers to be alone. The Activities Assistant was advised that Resident #17 reported that he/she enjoys music and was not aware of the piano music provided on 07/14/10 in the afternoon. He replied he did not know the resident would be interested. They usually come around to the residents and ask if they want to attend.</p> <p>An interview with the Activity Director at 2:45pm on 07/15/10 was conducted. The findings of the Activity/Recreation Evaluation completed in March, 2010 were reviewed with the Director. The Director was aware that Resident #17 had requested reading literature in Braille, and replied, "I've kind of let that slip," and added, "We are</p>	F 248			



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2010
NAME OF PROVIDER OR SUPPLIER CHRISTOPHER EAST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 BROWNS LANE LOUISVILLE, KY 40220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 248	Continued From page 17 working on it." The Director was asked how the resident is informed of scheduled activities, since the resident is blind and unable to read the schedule in their room. The Director stated that activities are announced on each unit before the activity and the residents are encouraged to attend. The Activity Director was told that Resident #17 enjoys Classical and Religious music, and would like to have a radio. The Activity Director was told that Resident #17 was not aware of the piano music provided on the afternoon of 07/14/10 near the Florida room, and the resident said, "I probably would have liked that."				
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Cabinets and drawers on the 400 unit were in disrepair and linen barrels were soiled. Shower rooms had soiled areas that were not thoroughly cleaned. The findings include: Observation of the 100 wing shower room on 07/14/10 at 9:00am, revealed a shower stretcher with brown ground-in particles, and dark brown stained grout around the commode. The soiled	F 253	F253 It is the practice of this facility to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? – The 100 wing shower stretcher, 200 wing linen and trash barrels have been power washed and cleaned. The 300 wing paper signs have been removed. The holes in the walls in rooms 210 and 422 have been repaired. The facility is currently working with purchasing and plant operations to remove the old cabinet doors and drawers and replace them with new furniture. Orders have been placed for the furniture and the facility currently awaits its arrival. On 8/09/10, the facility maintenance director and administrator will meet with the plant operations director to finalize the date to complete the demolition of the affected areas.		8/27/10



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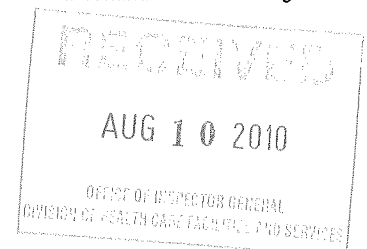
NAME OF PROVIDER OR SUPPLIER

CHRISTOPHER EAST HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**4200 BROWNS LANE
LOUISVILLE, KY 40220**

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F 253	<p>Continued From page 18</p> <p>linen and trash barrels in the central shower room and the 200 shower room had brown ground-in particles around the outside of the lids. The area around the 300 wing shower room had discolored and stained paper signs hanging on the walls. There were holes in the walls in room 210 and 422.</p> <p>Observation of the 400 wing on 07/14/10 at 9:20am, revealed cabinet doors that could not be closed and drawers that were missing drawer pulls and off the track in rooms 410, 411, 414, 422, 426, 428, 431, 427, and 425, also the cabinets in rooms 411, 414, 422, 428, 434, and 425. The footboards on beds in rooms 426 and 428 had worn stain with the base material showing through.</p> <p>Interview with the Maintenance Assistant on 07/15/10 at 9:30am, revealed the dresser drawers on the 400 wing were put back on the track frequently; however, residents opening the drawers would pull them off the track. He stated the drawer pulls were repaired as identified. He indicated the facility might be renovating the area in the future.</p> <p>Interview with the Administrator on 07/15/10 at 10:00am, revealed renovation of the 400 wing had been discussed; however, there was no approval for the renovation at this time.</p> <p>Interview with the Housekeeping Director on 07/15/10 at 9:45am, revealed the soiled linen and trash barrels were missed by housekeeping and related the nursing staff take the barrels and place them in the shower rooms.</p>	F 253	<p>How will you identify other residents having the potential to be affected by the same deficient practice? - All residents have the potential to be effected by this deficient practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? – Since this is the final phase of replacement of dated millwork within the facility, future assessments of patient room furniture will be completed by the maintenance director, under the supervision of the assistant administrator in replacement of those items identified as needing replacement.</p> <p>How does the facility plan to monitor its performance to ensure that solutions are sustained? – The Safety Committee, an Ad Hoc Committee of the facility QAA Committee, will include patient furniture assessments as part of their monthly rounds. Findings will be presented to the full Committee on a monthly basis.</p>	
F 273 SS=D	483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT			



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F 273	<p>Continued From page 19</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to conduct a comprehensive assessment for one (1) of twenty-five (25) sampled residents (Resident #5) within fourteen days of admission. Resident #5's admission Minimum Data Set assessment (MDS) was not completed until eighteen days after admission.</p> <p>The findings include:</p> <p>Interview with the Director of Nursing on 07/15/10 at 4:10pm revealed the facility utilized the Resident Assessment Instrument (RAI) 2.0 Manual as the facility's policy on completing comprehensive assessments. The policy revealed admission MDS assessments would be completed within fourteen days of admission.</p> <p>Review of the clinical record for Resident #5 on 07/13/10 revealed there was no evidence of an admission MDS assessment.</p> <p>Interview with the MDS Specialist on 07/13/10 at 3:00pm, revealed the admission MDS assessment for Resident #5 had not been</p>	F 273	<p>F273</p> <p>It is the practice of this facility to conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? – The admission MDS assessment was completed for Resident #5 on 7/13/10</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice? - All residents have the potential to be effected by this deficient practice.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? – A schedule of MDS assessments will be completed by the MDS Coordinator and circulated to the IDT each Monday according to the ARD, type of assessment,</p>	8/27/10

